

## STATE OF INDIANA INDIANA REAL ESTATE COMMISSION

INDIANA PROFESSIONAL LICENSING AGENCY 302 West Washington Street, Room E034 Indianapolis, IN 46204

Requesting waiver on the basis of (cneck one):	
Service in the armed forces of the United States for one (1) year or more of the two (2)	year licensure period.
An incapacitating illness which has prevented either part-time or full-time employment for year licensure period.	or at least twelve (12) months of the two (2)
** PLEASE PROVIDE EVIDENCE OF SERVICE IN THE ARMED FORCES OR A DOCTOI INCAPACITATING ILLNESS PURSUANT TO 876 IAC 4-2-11.	R'S STATEMENT VERIFYING THE
Name of applicant	License number
Address (number and street, city, state, ZIP code)	
C/S/Z	
Signature of applicant	Date (month, day, year)
Reason for request:	
FOR OFFICE USE ONLY  Approved Denied	
Comments:	
Signature	Date (month, day, year)